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VIOLENT AND HOMICIDAL BEHAVIOR IN PRIMITIVE MENTAL STATES

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I would like to propose and develop a psychodynamic construct for the theoretical and clinical understanding of violent and homicidal behavior in borderline, psychotic, or psychopathic individuals. The construct contains three variables: first, the nature of the individual's object relations inferred by the pattern, or instance, of target selection; second, the capacity of the individual to test reality which, in turn, influences both his motivation and his perceptual-conceptual experience (Meloy, 1985); and third, his mode of aggression.

I conceptualize these three variables as forming a psychobiologically linked, yet psychoanalytically constructed, matrix. They are empirically derived from my clinical experience, but are difficult to quantify in a manner that would allow for statistical inference. They complement, rather than subserve, demographic and situational correlates of violence. These variables are most reliably assessed when a history of threats or acts of violent behavior is available. Careful analysis of these variables in forensic treatment settings should be based upon clinical interviews, a reliable and corroborated history, and psychological testing.

However, I do want to acknowledge that a multitude of situational and individual variables determine homicidal and violent behavior. Demographic and situational correlates such as base rate,

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age, gender,* race, socio-economic status, availability of weapons and victims, job stability, peer relations, and family systems should always be considered when a homicidal or violent individual is being assessed (Monahan, 1981; Meloy, 1987a). A recent court decision in *State v. Davis* (1984) affirmed the admissibility of demographic information as "character evidence" in the penalty phase of a capital case, perhaps foreshadowing wider use of such data in expert testimony concerning dangerousness. A clinical assessment of homicidal behavior that relies *only* upon psychodynamic inference is myopic at best; but one that does not utilize the elegance and consistency of current psychoanalytic theory will remain simplistic and superficial.

OBJECT RELATIONS AND THE SELECTION OF A TARGET

Internalized representations of self and other, and their respective affective complexes, form the cornerstone of object relations theory (Greenberg and Mitchell, 1983). Their relationship to manifestly violent and homicidal behavior has only recently been suggested (Revitch and Schlesinger, 1981). It is my hypothesis that by carefully studying the pattern, or instance, of target selection one can make reasonable inferences about the nature of the individual's object relations when cathected by his most primitive and aggressive impulses. A pattern of target selection will also allow the clinician to predict the size of future potential victim pools, and thus contribute to an assessment of the individual's dangerousness. The smaller and less available the target pool is to the potentially violent person, the lesser the probability that he will be violent.

It is generally accepted that male individuals who murder their mothers are at low risk for future violence in the community, despite the oftentimes sensational nature of the crime and the public outcry against return of the person to the community

*Homicide and violence are male-dominated behaviors (Wilson and Herrnstein, 1985). Males commit homicidal and violent acts at a ratio of approximately 10:1 when compared to demographically matched females. This statistic is relatively stable, both cross-culturally and cross- racially. When females kill, the victim is invariably their own infant, young child, or spouse (Silverman and Mukherjee, 1987).

(Lunde, 1980). The potential target pool is one, and there is a zero probability that he will encounter his mother again. The risk in object relations terms is that the internalized representation of his mother, perhaps as a persecutory object, will be projected onto a subsequent female, perhaps a spouse, friend, or psychotherapist, and she will become the delusional focus of his rage. The probability of future homicide approaches zero, but is confounded by a transference factor, the interpersonal product of his intrapsychic relationship to his maternal representation. The risk of such repetitive violence remains low, but if the situational correlates that accompanied the initial homicide are reconstructed, either unconsciously by the patient, or inadvertently by the treating professional, the risk of a catastrophic repetition-compulsion, psychotically expressed, does increase.

Patient A was a talented Shakespearian actor and athlete. Following the onset of schizophrenia, catalyzed by the use of hallucinogens, he murdered his mother by stabbing her with an antique saber, believing that her death would save the world from a nuclear holocaust. After being found guilty of involuntary manslaughter and not guilty by reason of insanity, he was committed to a California regional state hospital and was successfully treated. His psychosis completely remitted. After several failed attempts to be released to the community, five years later he was allowed to live in the community on hospital parole. There was much public resistance to his release, and his strict conditions of parole concerning his treatment, living arrangement, and travel reflected this.

In contrast to the individual who commits matricide is the individual who has a history of random and impulsive violent acts in the community. The frequency of violence is high, but there is no apparent pattern to his victim selection. There is not even a stereotypical victim, such as an elderly woman walking alone. The potential victim pool approaches infinity, only limited by his freedom of movement and the available population at any time in a particular area. Several object relations hypotheses are probable: first, his internalized object representations of others may be so diffuse and primitive on both a conceptual and perceptual level that "others" are defined only by their physical presence and have not become emotionally distinctive; second, aggression may exist at such intensity that there occurs an objectless intrapsychic state at the time of violence. This might be conceived psychobiologically as a limbic domination of the higher cortical primary and

secondary associational areas. Psychodynamically one could speak of the momentary dedifferentiation of self and other object representations that is characteristic of acute personality regression to a psychotic level of functioning (Mahler, 1960); and third, there may be a chronic abandonment of actual relations with others in the service of psychotic object representations that are both grandiose and persecutory. Actual relationships would only exist toward the nonhuman environment (Searles, 1960). The violence that might occur in the midst of catatonic excitement or mania is illustrative. In all such cases, the manifest violence has no pattern of victim selection. It is random, arbitrary, and therefore, extremely dangerous if the person has the skill or the weapons to carry out the act.

Patient B has a ten-year history of chronic paranoid schizophrenia. He is unpredictably assaultive and hurtful of others. Neuroleptics and lithium carbonate result in tenuous stability. He can be observed alone becoming very angry, listening intently, laughing hysterically, or arguing. His victims are usually unlucky patients who happened to be physically close to him at the moment of his motor aggression.

The sexual psychopath who commits serial murders provides a third example of target selection where the probability of homicide is directly correlated with the availability of a stereotypical victim. Of all violent individuals, the serial murderer engages in the most horrific behavior and finds himself the focus of popular media attention (Rule, 1980; Klausner, 1981). Revitch and Schlesinger (1981) considered him the most endogenously motivated murderer and placed him in the category of "compulsive homicides" within their motivational typology. They also noted that the violence usually has a sexual component, and in many cases is "displaced matricide" (p. 174).

Edmund Kemper picked up female hitchhikers near the University of California campus at Santa Cruz. He would murder them, and in several cases, decapitated his victims. They were all attractive co-eds. He made the decision that to end his killing he must murder his mother. He did so, and in his own words, "defiled her body." (Lunde, 1980)

The individual who selects his victims for their "goodness of fit" to a particular physical stereotype is usually motivated by both sexual and aggressive drives that have been intensified and

fused in such a manner that the compelling urge cannot be resisted. Psychobiologically, the neurological proximity of the sexual and aggressive centers within the hypothalamus is implicated, perhaps through a pattern of limbic predisposition and conditioning in early development that is not understood. The internalized object representations of this individual when affectively transported toward a violent act can be usefully analyzed if a distinction is made between the percept and the concept of the object (Meloy, 1985). The victim is perceived, usually visually, as having a fit with the internalized object percept, a visual image in the mind that is both a desperately pursued and hatefully unwanted fantasied introject. In some cases, she is a derivative of the biological mother; in others, perhaps an abandoning girlfriend. However, the targeted victim is conceptualized on a more abstract, psychotic level. She may be ragefully devalued or initially idealized, despite the individual's lack of any actual emotional attachment to her. There may be a condensing of values, attitudes, and judgements from past experiences with women that form an aberrant, perhaps delusional, concept of who she is, distinct from the relatively accurate perception of how she appears. The distinction between the object concept and the percept provides an important tool in understanding the reason why a serial murderer's selection of his victims is perceptually predictable, yet his violence against the person is so obviously psychotic in proportion. I have urged this distinction be made when attempting to understand the psychodynamics of the narcissistic personality disorder (Meloy, 1985). I view the sexual psychopath as an extreme and dangerous variant of narcissistic personality disorder.* Theodore Bundy, a contemporary serial murderer, provides a classic example of this object relations psychopathology (Rule, 1980).

The pattern, or instance, of target selection is an important variable in the assessment of homicidal and violent behavior. It leads to useful inferences concerning the intrapsychic object world

*My use of the term psychopath parallels Kernberg's (1984) use of the term antisocial personality as a more aggressive and malignant form of narcissistic personality disorder. This individual is organized at a borderline level of personality, yet his primary mode of interpersonal relatedness is aggression with sado-masochistic features. It is my opinion that the DSM-III-R (American Psychiatric Association, 1987) definition of antisocial personality disorder is too inclusive and descriptive, rendering it virtually useless as a psychodiagnostic tool. The psychopathic personality has distinctive structural and dynamic characteristics (Meloy, 1988).

at the time of violence, and it is a practical tool for estimating the size and availability of a victim, or target, pool.

REALITY TESTING

The capacity of the individual to distinguish and evaluate internal and external reality and its motivational impact upon the commission of a violent act is the second variable. An individual who can adequately test reality has the capacity to distinguish between his internalized object world, regardless of how bizarre it is, and his actual relations with people. There is little confusion concerning what feelings, thoughts, or impulses are originating within the self, such as occurs at a borderline level of personality organization. There is also no confusion as to the boundaries of the self, such as occurs at a psychotic level of personality organization (Meissner, 1984). A paranoid schizophrenic individual may have quite adequate reality testing if he is able to distinguish his past delusional thought from actual perceived reality; and through the use of his reflective ego skills, specifically his evocative memory, he is able to comprehend the nature of his partially or fully remitted psychosis.

The psycholegal continuum that parallels this clinical assessment of reality testing in relation to violence is the reasonable nature of the person's motivating thoughts and feelings that produced the violent act. It is not only an intrapsychic phenomenon, but is based upon accepted social reality (Frosch, 1983).

Patient C has had chronic paranoid schizophrenia for twenty years. He knows well that the first sign of his psychosis returning is the "space commander's" voice telling him what to do. One year ago, while living alone in his apartment, he heard once again the space commander's voice telling him to burn down his apartment. Frightened by this familiar symptom, he called both the police and fire departments and told them he had a "compelling urge" to burn down his apartment and he needed help. They did not respond. Several hours later as the psychosis in the form of auditory hallucinations and delusions enveloped him, he lost all capacity to test reality and resist the psychotic impulse. He set the fire, ran for help, and was arrested for felony arson. Although the prosecution had ample evidence that he could distinguish right from wrong at the time of the crime (his dispatcher recorded telephone calls), the case did not go to trial and C was found not guilty by reason of insanity.

Psychotic thought content as a motivation for homicidal or violent behavior may be the clinical manifestation of both persecutory introjects and a failure of reality testing, but the distinction is important. When the capacity to test those introjects, no matter how ego syntonic, against the actual and immediate interpersonal experience is lost, a failure of reality testing has occurred. It is the *sine qua non* of all psychoses, regardless of etiology (Frosch, 1983).

However, the reality testing of the psychopathic personality may be quite perceptually accurate. He succeeds in manipulating others by perceiving their emotional needs despite a lack of empathic constraint (McCord, 1982). Reality testing for the psychopath as a conceptual task, however, is grossly distorted. Others are conceptualized as a psychological extension of the grandiose self-structure, without separate worth and lacking in dimensionality. The distinction between interoceptive and exteroceptive sensory-perceptual experience is preserved, yet the conceiving or evaluating ego function is contaminated with grandiose self-concept representations.

This regressive and narcissistic fixation can be seen in the typical pattern of homicidal psychopathic behavior where motivation is evident, such as instrumental gain or vengeance, but the proportionality of violence is such that a reasonable person finds it abhorrent. The psychopath does not conceptualize others as separate individuals deserving of empathic regard, but as psychodynamic extensions of his grandiose conceptual self-representations.

Two youths robbed a woman of ten dollars near her apartment. She did not resist, and, almost as an afterthought, one of the young men had her kneel down and shot her in the back of the head with his .22 caliber revolver. When arrested and questioned, he freely admitted his act, saying only that he "felt like it. It was no big deal."

The psychopathic individual, due to the preservation of perceptually accurate self and object representations, presents a dilemma to the diagnostician when reality testing is addressed. Clinical investigation of this area should focus on his conceptions of others. Is there sufficient evidence through his reminiscence, evaluation, judgement, and affective responses that he conceptualizes others as three-dimensional, whole, and separate individuals? Or does he reflect, at best, a narcissistic self-absorption, or at

worst, a callous disregard for the thoughts and feelings of others? Assessment of the psychopath's reality testing through the use of a projective technique like the Rorschach that is dependent upon indices of perceptual distortions (Exner, 1986) is not enough. The interpersonal history is critical to understand both his object relations and his reality testing.

Reality testing has both distinguishing and evaluating properties. Reasonable inferences concerning the availability of reality testing at the time of the violence will provide useful motivational hypotheses. The distinguishing property, a sensory-perceptual task, is most useful in determining the individual's capacity to separate interoceptive and exteroceptive stimuli. The evaluating property, a conceptual task, is the psychodynamic most akin to determining the individual's ability to distinguish right from wrong at the time of the alleged violence. It is a more value-laden and abstracted aspect of reality testing.

THE MODE OF AGGRESSION

The third psychodynamic variable in the assessment of violent or homicidal behavior is the inferred mode of aggression at the time of the violent act. As a point of reference I am using Moyer's (1968) definition of aggression as behavior which leads to, or appears to lead to, the damage or destruction of a goal entity. Violence, or destructive aggression, is understood by me to involve the inflicting of physical damage on persons or property (Daniels, Gilula, and Ochberg, 1970).

Many attempts have been made to classify aggressive behavior, the most notable being Moyer's (1968) seven types: predatory, intermale, fear-induced, irritable, territorial, maternal, and instrumental. Such a wide range of aggressive behaviors can actually be classified as either *affective* or *predatory* aggression, two general categories of aggression with distinctive neuroanatomical pathways and controlled by different sets of neurotransmitters (Eichelman, Elliott, and Barchas, 1981).

Affective aggression is the result of external or internal threatening stimuli that evoke an intense and patterned activation of the autonomic nervous system, accompanied by threatening vocalizations and attacking or defending postures. Many of the pathways are tied closely to the spinothalamic tract and the periaqueductal

gray, a possible reason for the close link between affective aggression and pain responses (Eichelman et al., 1981).

Affective aggression in the individual with a history of violence is clearly discernable:

Patient D was hospitalized following an assault upon his father at home. He was hospitalized in our forensic psychiatric unit and criminally charged following a subsequent assault against the screening psychiatrist. Whenever he was removed from seclusion and restraint, he would become frightened and would "attack" a patient. These attacks were mostly ritualistic displays, and did not result in any injuries. When not assaultive, the patient was tremulous and muscularly rigid.

Predatory aggression in humans, if one excludes the interspecies example of stalking for food and the international occurrence of war, is the hallmark of the violent, psychopathic individual. It coalesces with the psychopath's general peripheral autonomic hyporeactivity (Hare and Schalling, 1978). Predatory aggression requires intent, planning, and emotional detachment. Any one act of predatory aggression in a pattern of violent behavior significantly increases the likelihood that a psychopathic character disturbance exists:

Sixteen-year-old Charles invited two friends to his house and asked if they would like to go for a ride in his father's marked sheriff's car. Charles suggested that they pull people over using the patrol car, and then rob them. If they resisted, Charles would shoot them. At midnight he put on his father's uniform, shirt, badge, gunbelt, and pants similar to those worn by his father when on duty. He took his father's loaded .357 magnum, extra ammunition, and provided the two friends with a .38 revolver and a .22 semi-automatic pistol. They first drove to a school and shined the car's spotlight into the parking lot to scare people. Then they drove to a city recreational area. They spotted a police car proceeding down the offramp from the highway towards their location. At this point Charles removed the loaded .357 magnum from his father's gunbelt. He pulled the hammer back. As the officer approached the vehicle, he came alongside the driver and turned off his headlights. He rolled his window down. Charles took the .357 magnum in his right hand, and stabilizing the gun with his left hand, pointed it at the head and neck of the officer. He fired two shots, then fired four more shots and two dry rounds. At the urging of his two friends, Charles left the area of the shooting. As he was leaving, he asked them to reload the gun just in case there were any other problems. (Center for Criminal Justice Policy and Management, 1984)

Careful analysis of an individual's pattern of violent behavior will usually allow classification of violent acts as either predatory or affective independently of his object relations or reality testing. Moreover, it is important to reiterate that one predatory act in the context of multiple affective violent acts should alert the clinician to the probability of a psychopathic, or at least narcissistic, character disturbance. Again, this is not the equivalent of antisocial personality disorder as defined in DSM-III or DSM-IIIr, where antisocial behavior must begin prior to age fifteen (American Psychiatric Association, 1980; 1987). I am more concerned with the individual's capacity to suspend empathic regard to plan and carry out an act that inflicts suffering on another human being.

It is my experience in a forensic inpatient unit that some chronically mentally disordered individuals will attempt to use their mental illness to excuse documented, albeit isolated, acts of predatory violence. In these cases the clinician can resurrect the "product" rule to address the question, was this violent act caused by the patient's chronic mental disorder? When there has been repeated rationalization or deception by the patient, it is likely the violence is more a product of a concurrent personality disorder:

Patient E was booked into custody for attempted rape following his attack against an inpatient nurse on the psychiatric ward to which he was committed. He had a history of chronic paranoid schizophrenia, but was not overtly psychotic at the time of arrest. I asked the patient if he was hearing voices at the time of the assault, and he responded, "yes, they told me if I tore off her panties, I'd get a surprise." When I asked if the voices told him anything else, he said, "yes, they told me I did not know the difference between right and wrong."

This is a rather humorous, but nonetheless a tragic example of a narcissistic and impulsive character who also was afflicted with chronic paranoid schizophrenia. Unfortunately for him it was highly unlikely his psychosis had anything to do with his sexually aggressive violence.

Moreover, predatory violence may be genuinely motivated by delusional thought content, hallucinations, and a complete loss of reality testing; therefore, it is important to analyze both reality testing and mode of aggression as separate variables:

Patient F had a history of paranoid schizophrenia that responded rapidly to moderate doses of thiothixene. Having been found once restored to sanity, F had a series of setbacks that resulted in his stop-

ping his medication. He was rejected from the Merchant Marines, and was fired from his job as a nurses' aid. Within weeks he began to decompensate and believed that his neighborhood friend was a messenger of the devil and should be killed. He waited for him with an ax behind a tree along the neighbor's usual path to work. The neighbor called in sick that day. F changed his mind, and decided that the neighbor's dog was a suitable target. He captured the dog, mutilated it, and was performing a ritual with the dog's intestines when he was arrested at home.

After hospitalization and a criminal finding of guilt to the charge of felony animal abuse, and not guilty by reason of insanity, Patient F's psychosis again rapidly remitted when treated with thiothixene. His mild psychopathic character disorder then became evident. He would tease the more psychotic patients, telling them their delusions were quite real; and he would circumvent the unit rules whenever possible. He fits my Type II "mentally disordered offender" group which is distinguished by the presence of both a chronic mental disorder, usually bipolar affective or a subtype of schizophrenia, and a personality disorder, usually anti-social, narcissistic, histrionic, or borderline (Meloy, 1986).

A pure case of affective homicidal violence that was also motivated by both hallucinations and delusions is illustrated as follows:

Patient G was diagnosed with paranoid schizophrenia at age twenty-four. He was treated briefly with neuroleptics, but his wife and fundamentalist Christian congregation convinced him that he was possessed by the Devil. He believed that his body was invaded by Satan, and he also heard Satan's voice. The congregation prayed fervently for G's exorcism, and his wife held daily prayer sessions with him to exorcise the demon. A year after cessation of medication, G's symptoms intensified. One night while at home with his wife, G heard the devil tell him, "Kill the one you love the most." He ran terrified into the garage, and then ran back into the bedroom where his wife was sleeping. She awoke, and as G approached her, screamed, "In the name of Jesus, Satan be gone!" G strangled her until she stopped breathing, and then called the police. Upon admission to our forensic inpatient unit, he was psychotic, acutely depressed, and suicidal.

APPLICATION AND TREATMENT

The application of these variables in the assessment of violent and homicidal behavior is most useful retrospectively; that is,

when issues of civil commitment, criminal responsibility (insanity), or length of penal commitment are being addressed by the clinician. The prospective use of this construct in the prediction of violence should be done with great caution, given the current knowledge of violence prediction (Monahan, 1981; Meloy, 1987a). However, if there is a history of homicidal or violent behavior and extensive data are available concerning the observed behavior and inferred state of mind of the patient, violence predictions, particularly short-term predictions, can be made with greater psychological confidence.

My experience in the psychotherapeutic treatment of homicidal individuals, following their commitment, prompts me to make several clinical suggestions. First, paranoid schizophrenics without a personality disorder, once in remission following the murder, are generally quite capable of understanding the symptoms of their major mental disorder and both the adaptive and defensive nature of these psychotic symptoms in relation to the violence. These insights are crucial in planning a safe return to the community, and oftentimes are best achieved through supportive psychotherapy (Kernberg, 1984). Second, individuals who are both schizophrenic and psychopathic are a very poor risk for any form of psychotherapeutic treatment due to their inclination to dissemble, or conceal, ongoing delusional material from the clinician. They generally remain a clinical danger since both persecutory delusions and psychopathic traits can contribute to future predatory violence (see example, Patient F, above). Third, expressive psychotherapy (Kernberg, 1984) is most useful with borderline personality disordered patients who have murdered in the throes of an intensely symbiotic relationship: what Revitch and Schlesinger (1981) called an acute or chronic *catathymic crisis*. Such individuals, if intelligent enough, may substantially benefit if treated in long-term psychoanalytic psychotherapy. Unfortunately, such treatment is rarely available since these patients are virtually never found "insane" and usually are incarcerated in prison.

SUMMARY

I have presented a psychodynamic construct that is useful in the assessment of violent and homicidal behavior. It further refines diagnostic and treatment endeavors when combined with other individual and situational correlates of homicide and violence.

Object relations, reality testing, and mode of aggression are the three variables within the construct that can be empirically measured through the use of the clinical interview, psychodiagnostic testing, and corroborative history. They should contribute to our further psychoanalytic understanding of violent and homicidal behavior in primitive mental states.

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